

Sherry Ishikawa

From: Tracey Lewis [traceyl@gslinsurance.com]  
Sent: Monday, September 29, 2003 12:58 PM  
To: sherry@triadhi.com  
Subject: Linda Blagrove: General Liability Quote & Bind Order Effective 10/01/03

FAXED

2003 SEP 30 AM 11:40



Linda Blagrove.pdf

Aloha Sherry.

Effective 10/01/03 please bind general liability coverage per your quote of \$755.42 including taxes and fees. (quote letter dated 09/22/03).

Attached is a copy of the signed application and TRIA election form. Insured is rejecting TRIA coverage. I will mail the original signed documents when they are received from insured.

Please advise assigned policy number as soon as possible so I can issue the certificate to The Estate of James Campbell per the application.

Thank you for your quote and doing business with us.

Mahalo!

Tracey L. Lewis, CIC  
Griffing Swan & Lai Insurance Brokers, Inc.  
700 Bishop Street, Suite 509  
Honolulu, HI 96813  
Phone: (808) 533-8410  
Fax: (808) 528-3463  
Email: traceyl@gslinsurance.com

DATE 9/30/03  
CONFIRM COV. BOUND EFF. 10/1/03-04  
POLICY # ASSIGNED NC297875  
\_\_\_\_ CERT FOR AI TO FOLLOW. \_\_\_\_ NO AI  
MAHALOI

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## CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?		X		4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		X	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?		X		5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?		X	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?		X		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		X	
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		\$ FULL-TIME STAFF:	
						\$ PART-TIME STAFF:	

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

  

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		X		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		X	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?		X		7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		X	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		X		8. PRODUCTS UNDER LABEL OF OTHERS?		X	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		X		9. VENDORS COVERAGE REQUIRED?		X	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		X		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		X	

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
X ADDITIONAL INSURED		The Estate of James Campbell		X	
LOSS PAYEE		Its Successors and Assigns			
MORTGAGEE		Attn: Gloria			
LIENHOLDER		1001 Kamokila Blvd.			
EMPLOYEE AS LESSOR		Kapolei, HI 96707			

ITEM DESCRIPTION:

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		X		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		X	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		X	
3. DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		X	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		X	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		X	
7. ANY PARKING FACILITIES OWNED/RENTED?		X		18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?		X		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?		X		20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?		X					
11. SPORTING OR SOCIAL EVENTS SPONSORED?		X					

REMARKS

ACORD 126-S (1/97)

ATTACH TO APPLICANT INFORMATION SECTION

*Nautilus Insurance Company vs Blagrove; Civil No. 05-00662 SOM/LEK*  
*Records from Triad Insurance Agency, Inc. taken 01/26/06*

SEP-29-2003 MON 12:54 PM KAHUKU POLICE STATION

FAX NO. 808 293 5879

P. 04

Sep. 22. 2003 8:59AM

Griffing, Swan, Lai INS BROKERS 1217

No. 8462872P. AGE: 2/2

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your \_\_\_\_\_ NEW or \_\_\_\_\_ RENEWAL policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE THAT MAY BE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM, AS DEFINED UNDER THE ACT, IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY THE ACT. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

### SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

UNDER FEDERAL LAW, YOU MAY SELECT OR REJECT THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT. IF YOU SELECT COVERAGE, YOU MUST SUBMIT THE PREMIUM REQUIRED. IF YOU REJECT COVERAGE, YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM ACTS OF TERRORISM, AS DEFINED IN THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism, as defined in the Act, for a premium of \$_____. (Includes state stamping fee of \$_____, state surplus tax of \$_____, and other applicable state taxes or fees \$_____).
<input checked="" type="checkbox"/>	I hereby elect to have the endorsement that excludes coverage for acts of terrorism, as defined in the Act, endorsed to my policy. I understand that I will have no coverage for losses arising from acts of terrorism, as defined in the Act, and that they are specifically excluded from my policy.

Linda Blagrove  
Policyholder/Applicant's Signature

LINDA BLAGRAVE  
Print Name

9-29-03  
Date

NAUTILUS INSURANCE COMPANY  
Insurance Company

NC291875  
Policy Number

\_\_\_\_\_  
Named Insured

S592 (12/02)